98-84398-29

Memorial ... Rt. Hon. Lord George Hamilton...

Westminster

[1898]

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TECHNICAL MICROFORM DATA

FILM SIZE: 35mm REDUCTION RATIO: 9:1 IMAGE PLACEMENT (IA) IIA IB IIB

DATE FILMED: 4/8/98 INITIALS: F.C.

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MEMORIAL

ADDRESSED TO THE

RT. HON. LORD GEORGE HAMILTON,

Secretary of State for India.

(*March, 1898*).

My Lord,

We, the undersigned registered Medical Women, practising in the United Kingdom and in India, desire respectfully to protest against the measures recently enacted for dealing with Venereal Disease in the Indian Army (East India Contagious Diseases No. 6. 1897 C 8,538), and request permission to place before you the grounds on which we make this protest.

1.

The Cantonment Rules of 1897 cannot, in our opinion, be applied to venereal disease without resorting to methods degrading both to men and women, and which may in their execution lead to abuse and blackmail of the worst kind, and which are inconsistent with the restrictions so admirably laid down by your Lordship in Paragraph 11 of your Despatch of March 26th, 1897.

(*a*) In support of this point, we note that in the Cantonment Rules there is no definition of the "*primâ facie* grounds" on which medical officers may entertain the suspicion that any given person is diseased. Our conviction, supported by experience, is that any accusation of venereal disease, privately made by one person against another, can be so little depended upon that such testimony ought never to be permitted to form the basis of an inquiry possibly involving serious personal, social or legal consequences. In this connection we quote the statement of Lord Roberts to the Departmental Committee of 1893, that "soldiers seldom or never point out the woman who may have diseased them." We note that there is no legal means of confronting accuser and accused, and that the punishment which the rules provide for wilful false witness is only a nominal fine.

(*b*) Again, your Lordship laid down that no compulsory or periodical examination of women should be permitted. We admit that such compulsion may be considered relative rather than absolute, in that it allows to the persons denounced the option of leaving the Cantonment. This alternative, however, places those falsely accused on the horns of a cruel dilemma. If they remain, they must submit to examination, though possibly innocent even of immoral conduct; if they go, they must leave their homes, any means of honest employment they may have, and in the end fail to clear their characters.

(*c*) With regard to the frequency of medical examinations, we submit that the variations in the length of the incubation period in venereal disease, and of the latent periods following the primary manifestations in syphilis, render any isolated examination insufficient to prove that a patient is not diseased. It is clear that a single examination would therefore in many cases have an entirely negative value, and that to detect disease with certainty, such an examination would have to be repeated at definite intervals. Thus, a woman who at the first examination might appear healthy would, in order to satisfy the medical officer that she was free from disease, have to be subjected to repeated examinations. That this is, indeed, the logical outcome of the recent legislation would appear to be shown by the fact that it has been considered necessary, for the "protection of the medical and other officers in the discharge of duties which the Rules impose upon them," to repeal the Cantonments Acts Amendment Act of 1895. Since this repeal, it is no longer illegal to enforce periodical and compulsory examinations, the very course which your Lordship, in the Despatch referred to above, forbade. It is to be feared that the removal of so fundamental a restriction may lead to the renewal of many of those irregular practices which followed the introduction of the Cantonment Rules of 1889.

2.

We urge that from the nature of venereal disease the legislation embodied in the Cantonment Rules cannot materially reduce its amount, and that the objections proved against previous methods apply equally to them. We would indicate the following practical points, which appear to render it impossible to class venereal diseases with other infectious and contagious diseases, for purposes either of prophylaxis, segregation or treatment.

(*a*) With respect to venereal disease, it lies to a large extent within the power of the individual to avoid infection. With other contagious diseases there is not the same power of voluntary escape.

(*b*) Whereas to prevent the spread of other contagious diseases only short, well-defined periods of isolation are necessary, the stamping out of venereal disease would demand a long and uncertain isolation, extending always over months, and often over years. Thus, in the case of the latter disease, an adequate detention would be impossible both on the score of expense and of accommodation, to say nothing of justice to the person detained. Again, other contagious diseases are as a rule easily recognised, rarely or with difficulty concealed, treatment is voluntarily sought, and no question of conduct or character is involved. These things are not true in the same degree of venereal disease. Other diseases can be cured and certified as cured within a comparatively short time, but in the case of venereal disease, in spite of all appearances of health, an individual may preserve the power of infecting others for months or years.

(*c*) With regard to the supposed benefit derived from the temporary removal to hospital of a proportion of those suffering from venereal disease, we ask leave to quote the remarks of the Army Sanitary Commission in their memorandum of December, 1893.—

> "It may be argued that the detention of a certain number of diseased women in Hospitals must *pro tanto* reduce the number of men affected, and so have a certain salutary influence, but on the other hand, a large reduction of the number of prostitutes might make the few remaining outside greater sources of danger than they otherwise would have been. This, however, is not a matter to be decided by mere theoretical considerations. We can deal only with the facts, and there was ample evidence in the course of the Indian Lock Hospital experience to show that a woman's passing a periodical examination was no guarantee that she might not communicate disease."

(*d*) As regards the possibility of ascertaining by the most careful and exhaustive examination whether any given person is or is not the subject of venereal disease (with the exception of those cases in which typical manifestations place doubt out of the question), our opinion entirely coincides with that of the Army Sanitary Commission mentioned above, and we believe an assertion either one way or the other to be extremely difficult. It is the result of the experience of many of us, after exceptional opportunities of examining women of all classes and conditions, that it is practically impossible to say when any woman, who has once been affected with venereal disease, is free from all likelihood of infecting others either directly or indirectly. Under no circumstances would we permit ourselves to give certificates of health, such as Her Majesty's Government have in time past accepted, and which in other countries are still accepted, as satisfactory evidence of freedom from disease. Neither, for the same reasons, would we allow it to be understood that the fact of our ceasing to treat any patient, or of our discharging any patient from hospital, was equivalent on our part to a declaration that we considered such patient to be safe from the possibility of spreading disease by sexual intercourse.

3.

In comment on the arguments which have been brought forward in support of the legislation embodied in the new Cantonment Rules, we offer the following considerations:—

(*a*) Much stress has been laid on the occurrence among our soldiers returning from India of syphilis in its most severe forms.* It is recognized in civil practice that after the symptoms have disappeared and the patient is able to return to his ordinary occupation, anti-syphilitic treatment must be persisted in for at least some months in order to prevent the further development of the disease. We are informed that a soldier suffering from syphilis is treated in hospital until the symptoms disappear. He is then returned to duty without treatment until fresh symptoms occur, when he is re-admitted to hospital; and this may be repeated again and again, the interruptions of treatment extending over many consecutive months. If our information is correct, the absence of continued treatment would appear to account in some degree for the severity of many cases of the disease, and for the fact that so many men are liable to break down on active service.

We would therefore suggest that one of the first steps in checking both the severity and the spread of disease should be a systematic and prolonged treatment of the soldier. If such treatment were carried out with due regard to privacy and with some attempt to impress upon the men the importance of their co-operation, we cannot believe that it would be impossible to secure the necessary attendance without in the majority of cases admitting them again and again to hospital.

(*b*) With regard to the prophylaxis of disease in the civil population, we believe that the practice of inducing patients to come voluntarily for treatment for a long period would be much more advantageous to themselves, to those with whom they may consort and to future generations, than their compulsory detention for a few weeks in hospital without subsequent treatment. To this end out-door dispensaries should be numerous and well staffed.

(*c*) In view of the lack of uniformity and method in the statistics at present available, we suggest that it would be advantageous to initiate a system of detailed and uniform investigation concerning the variations in prevalence and malignity of disease in English regiments quartered abroad. We believe that some such system, widely carried out, would yield in a few years data of great value. We further suggest that such returns should refer to regiments as well as to stations.

4.

We are in favour of such legislation as would materially diminish the amount and severity of venereal disease, founded on the principle of making vice difficult, and in a practical way, dishonourable to the troops.

(*a*) We suggest that there should be an organised and determined effort on the part of the Authorities to suppress the trade of prostitution in Cantonments. With this view, we suggest that Rule 12 of the Cantonment Act of 1889 should be altered to:—

"The Cantonment Authority *shall* prohibit (*a*) the keeping of a brothel, (*b*) the residence of a public prostitute,"

instead of "*may* prohibit" as it now stands, and that Paragraph 13 be erased. In this connection, and in view of the fact that clandestine or non-professional prostitution continues to be a prominent cause of the spread of disease, we are entirely in agreement with the suggestions of the Army Sanitary Commission referred to in the latter part of Paragraph 10 of the Despatch of March 26th, 1897, to the Government of India, viz.:—"We would also strongly advocate that the power of Commanding Officers should be as much enlarged as practicable in the direction of diminishing the temptation to young soldiers, by preventing women, for example, from coming about the lines after dusk, and also putting places out of bounds where soldiers are believed to have contracted disease."

(*b*) We suggest that moral character should be made an important element in the promotion of the individual, and in the bestowal of appointments; and that as regards a regiment or other military unit, a bad record in respect of venereal disease should diminish the chance of selection for honourable and honour-bringing service.

(*c*) As regards the physical care of the soldier, we suggest that every man on joining the Army should have it made clear to him that immorality will neither be countenanced nor excused, and that he is expected to live chastely. In this connection we desire to express our grateful recognition of the principles laid down in the recent General Order to the Army of the late Commander-in-Chief in India, General Sir George White.

In presenting this Memorial we are animated by a desire to diminish sexual immorality, as well as to prevent and cure the resulting disease. We wish to emphasise that we can give no approval to any measures containing features of the old Contagious Diseases Acts, which were equally repugnant to our moral sense and to our scientific convictions.

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* We note that in the list of serious cases of venereal disease furnished from Netley quoted in Appendix III. of Lord Onslow's Committee, 10 out of 40 were cases of gonorrhœa. We are aware that by the non-medical public syphilis is regarded as the graver venereal disease, and indeed in its worst forms its gravity and its serious consequences to the next generation can hardly be exaggerated. At the same time gonorrhœa is profoundly deleterious to the health of the nation at large. It is responsible for much permanent ill-health in both sexes, for many cases of sterility in married women, and it is the cause of much disease in women which is dangerous to life and necessitates the performance of major operations. We would therefore urge that this disease should receive no less careful and prolonged treatment than syphilis.

Signed,

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